Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

									10058987					
		CLAIMS AS	S FILED - PART (Column 1)		(Column 2)			SMALL EI	NTITY	OR	OTHER SMALL I			
TOTAL CLAIMS			10.				1	RATE	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		'	BASIC FEE	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			/O _minus 20=		*Ø		'	X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			mir	nus 3 =	* 2			X42=		OR	X84=	1680		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				'	+140=		1	+280=	10000		
* If the difference in column 1 is less th				than zero, enter "0" in column 2			į	TOTAL		OR OR		908 cc		
CLAIMS AS AMENDED - PART (Column 1) (Column						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	THAN		
		CLAIMS			HEST	(Column 5)	1 1		ADDI-	1	ſ	ADDI-		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL		
MON	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=			
ME	Independent	*	Minus	***		=		X42=		l <sub>or</sub>	X84=			
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		•	+140=		OR	+280=			
							İ	TOTAL		OR	TOTAL			
	ADDIT. FEE										ADDIT. FEE			
		(Column 1)	_		ımn 2)	(Column 3)	٠.							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
ME	Independent	*	Minus	***		<u> -</u>		X42=		OR	X84=			
Ľ	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR				
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
		(Column 1)			ımn 2)	(Column 3)								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ΣQ	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
ME	Independent	*	Minus	***		=-		X42=		OR	X84=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<del> </del>	1		<del>                                     </del>		
+140=										OR	+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT. FEE  OR  TOTAL ADDIT. FEE														
***	If the "Highest Nu	ımber Previously F nber Previously Pa	Paid For" IN TH	IS SPACE	is less th	an 3, enter "3."			nropriate bo	≖ oxin c∙				
	THE PROPEST INUN	inder mievidusiv Pa	and the trotate	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	worry 13 111	e manestillib	101		_, _, _, , _, ,					